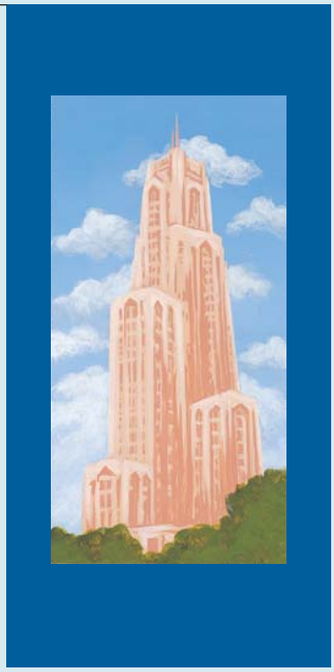

CLASS NOTES

'70s

Chester Lerner (MD '78), an epidemiologist and director of infectious diseases at New York Downtown Hospital, was three blocks from the World Trade Center on the morning of Sept. 11, 2001. "You could hear the airplane collisions from our hospital, and when you looked out the window, you could see flames coming out of the Trade Center. The hospital was enveloped in a smoke cloud that day," he says. According to Lerner, the hospital treated more than 1,000 patients, including hundreds of firefighters, mostly for smoke inhalation and eye injuries. "The regular job ended, and we focused on triaging the [patients] who came in. The staff of the hospital stayed throughout the day and into the night, but unfortunately there weren't many people to be saved from injuries," he says.

Now the emergency department has been rebuilt to double its size and extra oxygen ports have been installed to help deal with an influx of wounded patients. As hospital epidemiologist, Lerner helps educate and prepare the staff for prospects like pandemic influenza and bioterrorism. He helps coordinate efforts between hospital departments to make sure resources are shared in the event of a crisis. Lerner says he's proudest of his early research, including his 1982 publication in *Annals of Internal Medicine* of some of the first descriptions of the virus now known as HIV/AIDS.

'80s

On a visit to a comedy club a few years ago, **Jerry Magone** (MD '82) was impressed by the efficiency with which the staff operated. Drink orders were recorded by multiple servers stationed all over the club, dispensed by a small number of people in a central location, and promptly delivered by others. Magone wondered why prescription orders in medicine couldn't work as smoothly. To learn more about the business of medicine, Magone enrolled at Carnegie Mellon University, receiving a master's degree in medical management in 2000. He is currently the president of Orthopaedic & Sports Medicine Consultants in Middletown, Ohio. Since 1996, he has helped open new offices, grow the group practice from four physicians to 11, and put his hard-won business acumen to use consulting for other companies.

Psychiatrist **Dale Adair** (MD '85) feels that his patients adhere more to care plans they have a hand in crafting. Adair, a recipient of the 2008 Governor's Award for Excellence, was commended by Pennsylvania Governor Edward G. Rendell for helping prepare Harrisburg State Hospital patients and the community to transition after the hospital closed in 2006. Although he was attuned to their needs, Adair credits his patients for the smooth move. Instead of doctor-patient relationships that are analogous to parent-child dynamics, Adair says he prefers "recovery focused" care, which involves the patient in therapy decisions. Instead of laying down the law, Adair hands his patient a pen to write a plan, because of his belief that people often know what's in their own best interests.

Governor Rendell with Adair

The Trojan horse model suggests a strategy for fighting cancer. Scientists can inject super-small particles filled

STEVEN DEKOSKY & ROBERTA NESS

ON THE LAUNCH PAD

Every year, the University of Pittsburgh School of Medicine sends a fresh crop of physicians and scientists out into the world. Any lingering sadness among the faculty is tempered by pride in the accomplishments and character of these graduates as they enter training at some of the finest hospitals and research institutions in the world.

But a medical school is a launching pad for more than students, a fact that became vividly apparent this summer at the University of Pittsburgh. In June, Steven DeKosky, professor and chair of Pitt's Department of Neurology, was appointed dean of the University of Virginia School of Medicine in Charlottesville. (His daughter, Allison DeKosky, received her MD from Pitt this year and began her internal medicine residency at the University of Chicago.) In July, the University of Texas announced that Roberta Ness, currently professor and chair of the Department of Epidemiology in Pitt's Graduate School of Public Health, will become dean of its School of Public Health in Houston. Another former Pittsburgher, Edward Wing, a professor at Pitt from 1977 to 1998 and interim chair of Pitt's Department of Medicine from 1995 to 1997, this year became dean of the school of medicine at Brown University.

Both DeKosky and Ness came to Pitt in the early 1990s, and each has played a part in the meteoric rise experienced by the University's schools of the health sciences.

Colson

with chemotherapy drugs into a cancerous site and, after the tumor cells absorb the particles, trigger release of the chemotherapy drugs. The nanoparticles that MD/PhD **Yolonda Colson** (Immunology PhD '89, Surgery Resident '98) is developing as an associate professor of surgery and of medicine at Harvard Medical School are essentially tiny polymers that trap cancer-fighting drugs inside. Once they infiltrate the cancerous cells, they release the drugs. This direct route of delivery ensures that the drugs are administered only where needed, thus mitigating or even eliminating the unwanted side effects that conventional chemotherapy inflicts upon healthy parts of the body. Colson is a cardiothoracic surgeon with funding from the National Cancer Institute to utilize near-infrared imaging in lymph node mapping in lung cancer.

'90s

People with pulmonary hypertension may suffer from shortness of breath, a dizzying lack of blood to the head upon standing, and bloated ankles. They often have the added discomfort of a plastic tube inserted in the chest. Central venous catheters are the drug delivery method of choice for those with high blood pressure in their lungs.

Jim White (MD/PhD '97) hopes that those invasive and uncomfortable measures can eventually be traded in for an aerosol mist. White, the director of the pulmonary hypertension program and assistant professor of medicine, physiology, and pharmacology at the University of Rochester School of Medicine, uses his combination clinic and lab to observe how the disease and its current treatments affect patients. He hopes to develop a new class of drugs to change care for the better.

Classmates of **Louis Rivera** (MD '99) may remember that he was on track to finish his MD in 1998 when a health crisis threatened to derail his studies: He was diagnosed with lymphoma. Yet Rivera came to see this potential setback as an opportunity. He took a year off for research in trauma surgery, working with Pitt professors of surgery Andrew Peitzman and Timothy Billiar on the body's response to blood loss.

"Obviously, it was no fun to have cancer," Rivera says, "but it gave me an opportunity to do basic science research, which I hadn't had any exposure to. I think [research experience] was a really good thing for me to have in terms of wanting to develop an academic career. It was a difficult time, but I wouldn't change anything. I learned a lot from the experience personally and it didn't set me back professionally."

Rivera, a lieutenant commander in the U.S. Navy, was the ship surgeon aboard an aircraft carrier in early 2008. This summer, Rivera began a surgical oncology fellowship at Roswell Park Cancer Institute in Buffalo, N.Y.

'00s

As a Pitt resident, **Dina Green** (Internal Medicine Resident '01) got to spend nearly all her free time with her husband, despite the frantic schedule and scant sleep. Pitt coordinated the call schedules for Green and husband **Eric Green** (Internal Medicine Resident '01) for the full three-year duration.

"It was never a situation where one was overnight in the hospital, and one was there the next night so you wouldn't see each other for three days," she says. "Pittsburgh was a place that really bent over backwards to accommodate couples."

Now an assistant professor at Mount Sinai School of Medicine in Manhattan, Dina Green specializes in internal medicine and endocrinology. "Pitt's women's health program was my foundation because I'd say 80-plus percent of the endocrinology patients I see are women," she says. Green focuses on osteoporosis, codirecting a bone density unit at Mount Sinai.

Despite the grueling hours of the internal medicine residency, fatigue never set in on the inpatient oncology floor for **Hussein Tawbi** (Internal Medicine Resident '05, Hematology/Oncology Fellow '08). "I was enjoying doing the real medicine I felt compelled to do," he says. "The patients were a completely different population. They were so attuned to the fact that this fight is teamwork between them and their oncologists."

Currently an assistant professor in the Division of Hematology–Oncology at Pitt, Tawbi received the Paul Carbone MD Fellowship Award from the Eastern Cooperative Oncology Group in 2007. The late Carbone served as president of both the American Association for Cancer Research and the American Society of Clinical Oncology, and the eponymous award supports innovative research in cancer care and treatment. Tawbi's investigations focus on mechanisms of chemotherapy resistance in melanoma, specifically the way cancer cells repair their own DNA to counteract these drugs.

Tawbi heads Pitt's sarcoma clinical research program and is a Pitt PhD candidate in clinical and translational research.

—Meaghan Dorff, Hayley Grgurich

DeKosky

Ness

DeKosky came to Pitt to research Alzheimer's disease, the study of which was then centered in the psychiatry department. He spent eight years as chief of geriatrics and neuropsychiatry before becoming chair of neurology in 2002. Neurology was small, but DeKosky successfully moved the Alzheimer's Disease Research Center Grant to the department and landed a few additional research grants to begin growing the work. In 2002, *U.S. News & World Report* didn't even rank the department, and National Institutes of Health (NIH) research funding warranted a departmental ranking of just 39th in the nation. When DeKosky left Pitt, *USNWR* ranked the department 14th in the nation; the department's NIH funding had climbed to 9th among neurology departments.

Ness, an MD who holds secondary appointments in the School of Medicine (in medicine and obstetrics, gynecology, and reproductive sciences), describes what has happened in Pitt's schools of the health sciences, "an almost miraculous expansion."

"When I came, the NIH ranking of the medical school was 22nd," she says. "Now it is in the top 10. [Sixth, to be exact.] Our department is one of the top two in terms of *per capita* funding."

Ness came to Pittsburgh as an assistant professor just embarking on a career. She rose to department chair, and is one of the nation's leading researchers of women's health. *–Chuck Staresinic*

THE WAY WE ARE
CLASS OF '98

Medical school classmates are close in the same way that siblings are close. They're related whether they like it or not. **Jordan Karp** (MD '98) likes to think that he and his classmates from the University of Pittsburgh School of Medicine Class of 1998 have always had special affinity for one another, however. Their 2008 reunion—attended by more than 30 graduates plus scads of partners, spouses, and children—certainly supports his view.

In addition to the official reunion activities, members of the class gathered for an informal Saturday night dinner at Joe Mama's on Forbes Avenue. Earlier that day, many gathered with their families at the Children's Museum of Pittsburgh.

Karp

The Bensimhons

Wesolowski

Karp, an assistant professor of psychiatry and anesthesiology at Pitt, seems too young to have had a physician mentor for 16 years. But as an undergrad, Karp won a fellowship for students interested in careers in neuroscience. He was paired with Pitt's Charles Reynolds (Res '80), one of the leading geriatric psychiatrists in the nation. Karp would go on to complete a psychiatry residency at Columbia University before returning to Pittsburgh for research and clinical fellowships in geriatric psychiatry. Working closely with Reynolds, a professor of psychiatry, neurology, and neuroscience, Karp researches treatment for older adults who have comorbid major depression and chronic pain.

Karp says that the reunion experience motivated him to join the social networking Web site Facebook, where he stays in touch with many of his classmates.

Pamela Bensimhon and **Daniel Bensimhon** (both MD '98) have a unique perspective on medical careers and parenting, and it's not just because they are both MDs. They had twins—twice. One set came in 2002 and another in 2005. Pamela Bensimhon reports that it was an enormous surprise both times. She had none of the interventions or family history that one might typically associate with fraternal twins. As a pediatrician who specializes in hematology/oncology, she works part-time as a clinician and clinical assistant professor at Wake Forest University Baptist Medical Center in North Carolina.

Daniel Bensimhon is a cardiologist and president of the LeBauer Cardiovascular Research Foundation in Greensboro, N.C. His association with the foundation allows him to pursue clinical research in heart failure while remaining in private practice.

After med school, **Jeffrey Wesolowski** (MD '98) did a radiology residency in Pittsburgh, then a neuroradiology fellowship at Massachusetts General Hospital. He describes his fellowship as two years among some of the best minds in neuroradiology, during which he learned a tremendous amount about the diagnostic potential of new technologies. This was followed by a job that he describes as "9-to-5 assembly line radiology." When he and his partner relocated to Michigan, Wesolowski looked exclusively for academic jobs, and he is now glad to be back among enthusiastic peers working to advance knowledge. He is an assistant professor of radiology at the University of Michigan and associate program director for the radiology residency program there. As a physician-educator, Wesolowski continues to appreciate the problem-based learning sessions (PBLs) that his class experienced in Pittsburgh at a time when very few schools had adopted such innovative teaching techniques.

One classmate of Wesolowski's remembers PBLs differently. She writes that her favorite Pitt memories include "getting a stripper at PBL for Tammy's birthday," and "practical jokes," by which we may conclude, then, that hiring a stripper for PBL is an *im*practical joke. Current students, take note. *–CS*

ROBERT ROGERS
JUNE 9, 1933–SEPT. 4, 2008

Rogers

In a career that spanned nearly four decades, Pitt Professor of Medicine Robert Rogers trained scores of physicians in caring for people with lung disease. At the same time, he developed treatments that led to improved care and quality of life for those patients. Rogers died of complications from prostate cancer at his home in Pittsburgh this year.

For Rogers, a child of the Depression, no opportunity for advancement was to be taken lightly, beginning with education. Born in 1933, Rogers was one of seven siblings. As a teen, he considered pursuing the same occupation as his father, a plasterer with a high school education. According to Rogers' son Rob Rogers, the plasterer's response was, "If you ever pick up a trowel, I'll break your arm. You are going to school."

Rogers' education included both medical school and a pulmonary fellowship at the University of Pennsylvania in Philadelphia. He became chief of the pulmonary division at the University of Pittsburgh in 1980, a position he held until 1996.

Rogers built the division from scratch, says Michael Donahoe (Res '86, Fel '89), a Pitt associate professor of medicine and pulmonary disease specialist who counts himself among Rogers' 90-some trainees.

Rogers developed bronchial lavage—washing the lungs with saline—as the leading treatment for pulmonary alveolar proteinosis, a rare disease in which protein accumulates in the lungs.

In the 1980s, Rogers took up painting, bringing the same passion to his art that he was known for in medicine.

In 2008, the Rogers family started the Bob and Sandy Rogers Endowed Fund to support fellowship training in Pitt's Division of Pulmonary, Allergy, and Critical Care Medicine. *–CS*

IN MEMORIAM

'30s

RITA CAREY NEALON HARMEIER
MD '39
JULY 14, 2008

'40s

ROBERT LOVE ANDERSON JR.
MD '43B
JUNE 22, 2008

ALBERT MARRANGONI
MD '48
SEPT. 25, 2008

'50s

RALPH LANEVE JR.
MD '55
AUG. 8, 2008

ALBERT REID LEOPOLD JR.
MD '57
MARCH 17, 2008

'70s

DAVID TORKELSON
MD '78
SEPT. 7, 2008

'80s

RICHARD BJERKE
RES '86
APRIL 12, 2008

ERIC PETERSON ENTRUSTED WITH AMERICA'S DATA

BY CHUCK STARESINIC

FRANK HARRIS

All around the country today, people fighting cardiovascular disease will enter hospitals. Some will arrive under their own power in emergency departments and cardiology waiting rooms. Others will come flat on their backs, sweating, wincing, and flanked by paramedics. Some will be unconscious.

They will get beta-blockers, statins, and vasodilators; CT scans, angiograms, and electrocardiograms. Drug-coated stents and latex balloons will pry open their occluded arteries. They will have arteries or veins from elsewhere in the body grafted onto their coronary arteries in order to bypass arterial bottlenecks that cut off blood to their heart muscles.

Some will eventually go home with their health relatively intact. Others will not. What determines who has a better outcome?

For Eric Peterson (MD '88), a professor of medicine at Duke University, at least some of the answers are to be gleaned from the reams of data collected from these patients. By mining such data, he helps save lives in hospitals all over the country.

In the mid-1990s, American heart surgeons banded together and began collecting data on their coronary bypass patients. They put together detailed records on patients' clinical characteristics, courses of treatment, and outcomes.

"But they weren't getting much out of it," says Peterson, who had just completed a cardiology fellowship at Duke. He and his colleagues began to figure out systems to aggregate the data and give reports back to hospitals. They revealed things like whether staff administered the right drugs at the right time to the right patients, whether the proper diagnostic tests were run, and how long patients waited for procedures. Beyond furthering knowledge about what "works," says Peterson, those efforts gave physicians information on how their practices compared with those of their peers. Were they doing what they should in all cases? And were their patients better off for it?

Peterson and his colleagues have shown that simple things—like the timely delivery of beta-blockers, stents, and angioplasty procedures—often lead to better outcomes. In a national randomized trial, Peterson et al showed that lives were saved by simply delivering quality improvement messages to hospitals, encouraging them to administer drugs and perform interventions according to accepted medical guidelines.

In 2007, Peterson was elected to the American Society for Clinical Investigation, an honor reserved for the most accomplished biomedical researchers age 45 or younger. Peterson, associate director of the Duke Clinical Research Institute and director of cardiovascular research there, is now the principal investigator analyzing every major national cardiovascular registry, including those of the American Heart Association, the Society of Thoracic Surgeons, and the American College of Cardiology.

"Why does the world trust me with its data?" he asks, with a laugh. Answering his own question, he says, "I think, in part, it's because I'm a clinical guy with a lot of quantitative training. … I can see messages in data. … Most importantly, I try to give frontline clinicians valuable feedback."

Peterson believes medicine still has room for improvement and that patient registries can drive needed change. He notes that you can go to a Starbucks café anywhere in the country and get the same product and same service 99 percent of the time. But if you enter an American hospital with a heart attack, he says, there's only about a 50–50 chance that you'll get the medicines that could potentially save your life. ■